PTO/SB/80 (01-06)
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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereb	y revoke all previous powers of attorne R 3.73(b).	ey given in the app	olication identified i	in the attached stat	ement under					
	y appoint:									
X Pr	actitioners associated with the Customer Number	er: 4765	54							
OR										
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
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L										
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).										
Please ch	ange the correspondence address for the applic	cation identified in the	attached statement und	der 37 CFR 3.73(b) to:						
X OR	The address associated with Customer Number	47654								
Fir	m or fividual Name			· · · · · · · · · · · · · · · · · · ·						
Address										
City		State		Zip						
Country			700770404.4							
Telephor	ne		Email							
Assignee I	Name and Address:									
			HNOLOGY, IN Tasman Driv							
			CA 95134	e ,						
	·		ATES OF AME	RICA						
A copy of	f this form, together with a statement ur	nder 37 CFR 3.73(b) (Form PTO/SB/96	or equivalent) is re	equired to be					
nied in ea the pract	ach application in which this form is us itioners appointed in this form if the an	ed. The statement pointed practitions	under 37 CFR 3.73 er is authorized to a	(h) may be complet	hed hy one of					
and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record										
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
Signature	" 11		D	Date February 1	4,2006					
Name	Mallun Yen		T	Telephone 408.52						
Title	Assistant Secretary, (Cisco Techn								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/761,652			
Filing Date	January 21, 2004			
First Named Inventor	Mark Stuart Day			
Art Unit	2151			
Examiner Name	Tran, Nghi V.			
Attorney Docket Number	1004-084			

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR I hereby appoint the practitioners associated with the Customer Number:									
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 47654									
OR Firm o									
Individ Address	lual Name								
City				State			Zip		
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I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
		SIGNATUF	RE of Applicant	or As	signee (of Record			
Signature	/David E. Hua	ang/							
Name	David E. Hua	ing, Esq.							
Date	October 18, 2	2007		Te	elephone	(508) 616-2900)		
	es of all the inven uired, see below*.	ntors or assignees of record	of the entire interest or	r their rep	resentative(s) are required. Submit	ı multiple f	forms if more than one	
✓ *Total	*Total of 3 forms are submitted.								

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